

ENTRY APPROVAL REQUEST

Please note: This form is to be filled in, printed, then FAXed or mailed to your servicing PSD
[Instructions for filling out this form can be found here.](#)

A. Rank/Rate

B. Name

C. Date of Marriage

Name of Spouse

Dependents Name	Date of Birth	Relationship to Sponsor

D. Nationality of Dependents (ex: U.S.)

E. Original (Present) Duty Station _____

F. Address of Dependents

Telephone Number

Mailing Address

Mailing AddressG. Date Departed CONUS (N/A if not applicable)

H. Months separated from dependents (applies only to service members assigned to a command/unit that is physically separated from home port for operational purposes. If not deployed per above criteria enter N/A.

1. 2. 3. 4.

I. Transfer Directive Authority/BUPERS Order #

J. Detachment Date

K. Ultimate Duty Station

L. Estimated Date of Arrival

M. Housing Preferences

☐ Civilian ☐ Government

☐ Civilian Housing Acceptable Until Government Housing Becomes Available?

Yes

☐

No

☐

Limit of rental payment authorized

\$

☐ Sponsor Desired

☐

No

☐

[If you want to request a sponsor GO HERE next.](#)

☐ Authorized Sponsor to act as an Agent for Civilian Rental of Housing.

☐

No

☐

N. Passports - Have a Passport ☐ Enter Passport Number

- Need a Passport ☐

[If a no-fee passport is need GO HERE next.](#)

O.

Estimate Month/Year Dependents will Depart CONUS

DOD Prescribed Accompanied Tour Length (ex. 36 mons)

Expiration of EAOS (Officers enter "Indefinite")

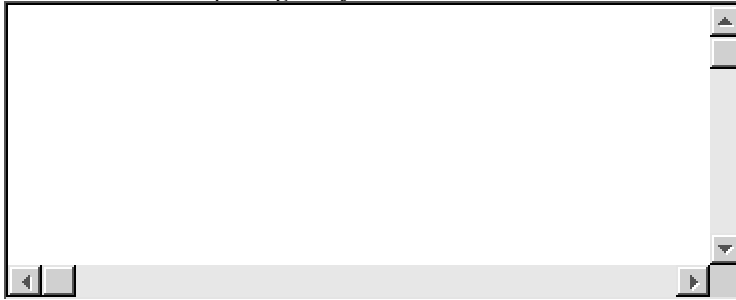
P. CERTIFICATION OF SUITABILITY (IF DEPENDENTS ARE SUITABLE FOR OVERSEAS DUTY, ENTER: "PER ENLTRANSMAN

, PETTY OFFICER

AND DEPENDENTS ARE SUTABLE FOR RESIDENCY OVERSEAS."

Q. Remarks - Enter appropriate information, such as "spouse is an accredited teacher", list known medical ailments or physical disabilities of dependents who display a physical, emotional or

intellectual handicap. Pregnancy should also be listed.



Reset

